



B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Aging Services • Maria Greene, Division Director
Two Peachtree Street, NW • Suite 9-398 • Atlanta, Georgia 30303-3142 • Phone: 404-657-5258 • Fax: 404-657-5285

MEMORANDUM

TO: Community Care Services Program Potential Providers

FROM: Karen Bacheller, Section Manager
Division of Aging Services
Community Care Services Program

RE: Pre-Enrollment: CCSP Applicant Technical Assistance

Thank you for requesting information about the Community Care Services Program (CCSP). **Before submitting an application to enroll in the CCSP, you are required to attend Pre-Enrollment: CCSP Applicant Technical Assistance.** This training is conducted at Two Peachtree Street, NW, Atlanta, and is scheduled from 9:00 AM to 3:00 PM.

Due to space limitations, the number of participants at the training is limited to no more than two (2) individuals from each agency. The CCSP staff recommends that the agency administrator or the individual responsible for completing the enrollment application attend the training.

Please complete the attached Registration Form and fax or mail it to the address indicated. Only those individuals whose names have been submitted on the registration form may attend the training. If it is necessary to substitute one representative for another after you have registered, please make the CCSP aware of this change within 24 hours of the scheduled training.

In addition, please fax or mail a copy of your business license and/or **unrestricted** Office of Regulatory Services permit that indicates **your agency has been in business for at least the past twelve (12) months.** Please note that registrations are accepted on a “first come, first served basis.” After the CCSP receives your registration, you will be notified of the date of the next available training.

Prior to Pre-Enrollment: CCSP Applicant Technical Assistance, please read and become familiar with Sections 601.1 and 601.2 of *Part II – Chapters 600 – 1000 Policies and Procedures for Community Care Services (CCSP) General Manual*. You may obtain copies of the CCSP Provider Manuals by downloading them on-line at www.ghp.georgia.gov. Please bring your CCSP Provider Manuals with you to the Pre-Enrollment: CCSP Applicant Technical Assistance training.

During Pre-Enrollment: CCSP Applicant Technical Assistance, the CCSP staff will provide instructions to help you complete the CCSP Provider Enrollment Application and the Department of Community Health, Division of Medical Assistance, Provider Enrollment Application. You will receive copies of both applications during this training.

If you need additional information, please call the Division of Aging Services at 404-657-5307 or 404-657-5258.

**COMMUNITY CARE SERVICES PROGRAM
PRE-ENROLLMENT: CCSP APPLICANT TECHNICAL ASSISTANCE**

GENERAL INFORMATION:

When you attend Pre-Enrollment: CCSP Applicant Technical Assistance, please come prepared with a picture ID to present to Security Personnel at Two Peachtree Street. Security will issue you a visitor's badge and direct you to the appropriate classroom.

Prior to attending the training, read and be familiar with the following:

1. *Part I – Policies and Procedures for Medicaid/Peachcare for Kids, Georgia Department of Community Health*
2. *Part II – Chapters 600 – 1000 Policies and Procedures for Community Care Services (CCSP) General Manual*
3. **Each service specific CCSP provider manual** for which application will be made
4. *Chapter 290-5-35, Rules and Regulations for Personal Care Homes* (if applicable)
5. *Chapter 290-5-54, Rules and Regulations for Private Home Care Providers* (if applicable)
6. *Chapter 290-5-45, Rules and Regulations for Disaster Preparedness Plans* (if applicable)

The CCSP Provider Manuals are available on-line at the following web site:

www.ghp.georgia.gov

To down-load the manuals:

1. Click on Provider Information
2. Click on View Full List in the Medicaid Provider Manuals section
3. Provider Manuals are listed alphabetically; download the provider manuals applicable to the CCSP service for which your agency is making application

If you do not have access to the Internet, contact Georgia Health Partnership (GHP) by mail, telephone, or fax, to request CCSP provider manuals:

Provider Enrollment
Georgia Health Partnership
P. O. Box 4000
McRae, Georgia 31055

Telephone: 404-298-1228 (Metro Atlanta)
1-800-766-4456 (toll free)

Fax: 866-309-0935

What to expect at Pre-Enrollment: CCSP Applicant Technical Assistance:

1. Overview of the Community Care Services Program
2. Instructions to complete the DCH and CCSP Enrollment Applications
3. Review of the CCSP Enrollment Process
4. Guidelines for writing required policies and procedures
5. Technical assistance from CCSP staff
6. Opportunity to meet and network with other potential CCSP providers

COMMUNITY CARE SERVICES PROGRAM

**PRE-ENROLLMENT: CCSP APPLICANT TECHNICAL ASSISTANCE
REGISTRATION FORM**

Agency Name: _____

Person Attending and Title: _____

Person Attending and Title: _____

Daytime Telephone: _____ Fax Number: _____

E-Mail Address: _____

Agency Mailing Address: _____

Service(s) for which applying:

_____ Adult Day Health Services	_____ Home Delivered Services**
_____ Alternative Living Services–Family	_____ Out-of-Home Respite Care Services
_____ Alternative Living Services-Group*	_____ Personal Support Services*
_____ Emergency Response Services***	_____ Skilled Nursing by Private Home Care Providers*
_____ Home Delivered Meals****	

***Submit a copy of the unrestricted license/permit issued by the Office of Regulatory Services.**

****Submit a copy of Medicare Certification, Medicaid Home Health Provider Number, and unrestricted license/permit issued by the Office of Regulatory Services.**

*****Submit a copy of the Low Voltage Contractor license.**

******Submit a copy of the current Food Service Permit.**

All applicants: Submit a copy of your business license or other legal document to demonstrate that your agency has been in business for at least the past twelve (12) consecutive months.

Please mail or fax the Registration Form and attachments to:

Division of Aging Services
Two Peachtree Street, NW, Suite 9.398
Atlanta, Georgia 30303-3142
FAX: 404-657-5251

